

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of _____
District of _____
Town of _____
or
City of _____

State Index No. 533
County Registrar No. _____
Local Registrar No. 66

2. Full name of child Theodore Charles Vaunt (If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male
To be answered ONLY in event of plural births.

4. Twin, triplet or other. _____
5. No., in order of birth. yes

6. Legitimate. yes

7. Date of birth 12-14-23
Month day year

8. FATHER
Full name Theodore Char. Vaunt
9. Residence (Usual place of abode) Phoenix, Ariz.
If nonresident, give place and state _____

10. Color or race White
11. Age at last birthday 24 (Years)

12. Birthplace (city or place) (State or country) Phoenix, Ariz.
13. Occupation
Nature of industry Grain merchant

14. MOTHER
Full maiden name Alberta Galpin
15. Residence (Usual place of abode) Phoenix, Ariz.
If nonresident, give place and state _____

16. Color or race White
17. Age at last birthday 20 (Years)

18. Birthplace (city or place) (State or country) Phoenix, Ariz.
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:45 p.m. on the date above stated.

Signature J. P. Perkins M.D. (Physician or midwife)
Address Phoenix, Ariz.
Filed 12/26 1923
Month, day, year.

Registrar. W. H. Sullivan Local Registrar.
Geo. G. G. G. Deputy Registrar.

353-1214-175